FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL

3235-0076 OMB Number: April 30, 2008 Expires:

Estimated average burden

16.00 hours per response



213 45	UNIFORM LIMITED O	OFFERING EXI	EMPTION	06041315
Name of Offering	nendment and name has changed, and inc	dicate change.)		
Longview Strategies Incorporated / Offe	ring of Units ⁽¹⁾			
Filing Under (Check box(es) that apply): Type of Filing: New Filing	□ Rale 504 □ Rule 505 □ Amendment	⊠ Rule 506	☐ Section 4(6)	□ ULOE
	A. BASIC IDENTIFIC	CATION DATA		
 Enter the information requested about th 				
Name of Issuer (☐ check if this is a	n amendment and name has changed, and	d indicate change.)		
Longview Strategies Incorporated				
Address of Executive Offices 1111 West Georgia Street, Suite 2400,		City, State, Zip Code) 3	Telephone Number (Inc 604-681-5755	cluding Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street,	City, State, Zip Code)	Telephone Number (Inc	cluding Area Code)
Brief Description of Business				
The Issuer is classified as a Tier I Inves	tment Issuer on the TSX Venture Exc	change and is focused	primarily on investment	ts in the resource sector.
Type of Business Organization	☐ limited partnership, already formed	Other (place		
⊠ corporation		d ☐ Other (pleas	e specify)	3 0
□ business trust	☐ limited partnership, to be formed		F	PROCECCE.
	Month Year			
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	03 04		Estimated C N	PROCESSED JUL 2 5 2005 P THOMSON FINANCIAL
GENERAL INSTRUCTIONS		i		
Federal: Who Must File: All issuers making an offering of securities	es in reliance on an exemption under Regulation D or S	 Section 4(6), 17 CFR 230.501 et	seq. or 15 U.S.C. 77d(6).	
When To File: A notice must be filed no later than 15 day the SEC at the address given below or, if received at that a				
Where to File: U.S. Securities and Exchange Commission	, 450 Fifth Street, N.W., Washington, D.C. 20549.	İ		
Copies Required: Five (5) copies of this notice must be file	ed with the SEC, one of which must be manually signer	d. Any copies not manually sign	ned must be photocopies of the man	nually signed copy or bear typed or printed signature
Information Required: A new filing must contain all inforthe information previously supplied in Parts A and B. Part	mation requested. Amendments need only report the n E and the Appendix need not be filed with the SEC.	name of the issuer and offering,	any changes thereto, the informatio	on requested in Part C, and any material changes from
Filing Fee: There is no federal filing fee.		I		
State: This notice shall be used to indicate reliance on the Unifo separate notice with the Securities Administrator in each accompany this form. This notice shall be filed in the app	state where sales are to be, or have been made. If a	state requires the payment of a	a fee as a precondition to the claim	for the exemption, a fee in the proper amount sh
	AT	TENTION		
Failure to file notice in the approp failure to file the appropriate feder filing of a federal notice.				exemption is predicated on the
` '	o respond to the collection of inform	i i		R

(1) Each Unit is comprised of one common share of the Issuer and one half of one share purchase Warrant. Each whole Warrant is exercisable for a period of 18 months at a strike price of Cdn. \$0.75 per common share.

are not required to respond unless the form displays a currently valid OMB

control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

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Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Desmalds Demises					
Reynolds, Damien Business or Residence Addres	o (Number and Str	eet City State Zin Code)			
Business of Residence Address	s (Number and Sur	ect, City, State, Zip Code)			
1111 West Georgia Street, S	uite 2400, Vancous	ver, B.C., Canada V6E 4M3			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Poulus, Hein					
Business or Residence Addres	ss (Number and Str	eet, City, State, Zip Code)			
	(,,,p,			
1111 West Georgia Street, S	uite 2400, Vancouv	ver, B.C., Canada V6E 4M3	<u> </u>		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Shorr, Ronald		-			
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			
	,	, , , , , , , , , , , , , , , , , , , ,			
1111 West Georgia Street, S	uite 2400, Vancouv				
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
Full Name (Last name first, if	individual)		<u> </u>		Managing Partner
Park, John Business or Residence Addres	ss (Number and Str	eet, City, State, Zip Code)			
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1111 West Georgia Street, S	uite 2400, Vancous	ver, B.C., Canada V6E 4M3		· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Allen, Thomas					
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			
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1111 West Georgia Street, S				E 2	50
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Mal 33/:11:					
McLucas, William Business or Residence Addres	s (Number and Str	eet City State Zin Code)	i		
Business of Residence Fudires	s (Mainoci ada Sa	cet, City, State, Zip Code)			
1111 West Georgia Street, S	uite 2400, Vancou	ver, B.C., Canada V6E 4M3			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Stock, Garry			i		
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			
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1111 West Georgia Street, S	uite 2400, Vancouv	ver, B.C., Canada V6E 4M3			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				managing 1 at their
<u>Longview Investment Ltd.</u> Business or Residence Addres	o Alumbar and Str	eat City State 7:= Code	- i		
business of Residence Addres	s (inumber and Str	eer, City, State, Zip Code)	!		
1111 West Georgia Street, S					·
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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if	individual)				Managing Partner
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Norman, Connie Business or Residence Addres	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Guite 2400, Vancous ☐ Promoter	ver, B.C., Canada V6E 4M3 Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Maskerin, Shaun					
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			
	uite 2400, Vancou	ver, B.C., Canada V6E 4M3			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				<u>Managing Faither</u>
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			<u> </u>
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Full Name (Last name first, if	individual)			·	Managing Partner
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					Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			
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Full Name (Last name first, if	individual)				Managing Partner
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I. Has th	e issuer sold,	, or does the						_	***************************************	***************************************	×	
2 What	ic tha minim	ım investme			• •		iling under l				¢ no	minimum
Z. Wilat	is the minimu	iii nivesiiie	an mai win	be accepted	nom any m	iuividuai?	i 	•••••		***************************************	. <u>5110</u> Yes	minimum No
3. Does t	the offering p	ermit joint o	ownership o	f a single ur	nit?	*************	 			******		
4. Enter	the information	on required	for each per	rson who ha	is been or w	ill be paid o	r given, dire	ectly or indi	ectly, any c	ommission		
	ilar remunera											
	is an associat broker or dea											
	th the inform					are associati	ca persons c	a such a bro	Ker or dear	a, you may		
Full Name ((Last name firs	t if individua		·		<u></u>						
		i, ii maividua	u <i>)</i>									
M Partners	s Inc.\2) Residence Ado	dress (Numbe	er and Street	City State 7	in Code)							
		·		•	•							
	Street, Suite 1		o,Ontario, Ca	anada M5C	2W1							
	Sociated Brone	or or Dealer										
States in W	hich Person Lis	sted Has Solie	cited or Intend	is to Solicit P	urchasers(2)							
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Full Name	(Last name firs	t, if individua	al)									
Business or	Residence Ad	dress (Numbe	er and Street,	City, State, Z	ip Code)		···					
Name of As	ssociated Broke	er or Dealer										
	hich Person Lis				urchasers							
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Full Name	(Last name firs	t, if individua	ıl)									
Business or	Residence Ad	dress (Numbe	er and Street,	City, State, Z	ip Code)						-	
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Name of As	ssociated Broke	er or Dealer										
States in W	hich Person Li	sted Has Soli	cited or Intend	ds to Solicit P	urchasers			<u></u>				
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

⁽²⁾ The offering of Units is being made pursuant to a partially brokered private placement. M Partners Inc. shall not receive any commissions for soliciting purchasers who reside in the United States. No persons will receive commissions or similar remuneration for soliciting residents of the United States.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security Debt Bequity	
Type of Security Debt Equity	ount Already
Equity	Sold
Convertible Securities (including Warrants)	
Convertible Securities (including Warrants) S S Partnership Interests S S Other (Specify Units ⁽¹⁾) S_5,000,000° S_1,797 Total S_6,000,000° S_1,797 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Is	
Partnership Interests S.	
Partnership Interests S.	
Other (Specify Units ⁽¹⁾	
Total \$ 5,000,000* \$ 1,797 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate purchases on the total lines. Enter "0" if answer is "none" or "zero." Number purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	 97,000*
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors 18 50 50 50 50 50 50 50 5	
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Dod	
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	
Accredited Investors	Aggregate
Non-accredited Investors 17 S 3 Total (for filings under Rule 504 only) N/A S Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505. N/A S Regulation A N/A S Rule 504. N/A S Total N/A S Total N/A S Total N/A S Total S 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.	of Purchases
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505. Regulation A. Rule 504. N/A S Total N/A S Total N/A S Total A. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Accounting Fees. Engineering Fees Sales Commissions (specify finders' fees separately) S Sales Commissions (specify finders' fees separately)	950,000*
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Security Rule 505. Regulation A. Rule 504. N/A S Total N/A S Total N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Accounting Fees. Engineering Fees. Sales Commissions (specify finders' fees separately).	
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Security Rule 505	N/A
Type of offering Rule 505	
Rule 505 N/A \$ Regulation A N/A \$ Rule 504 N/A \$ Total N/A \$ Total Summish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Sprinting and Engraving Costs Sprinting and Engraving Costs Sprinting and Engraving Costs Sprinting Fees Sprin	ollar Amount
Regulation A	Sold
Rule 504. N/A \$ Total N/A \$ 1. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. \$ Printing and Engraving Costs \$ Legal Fees. \$ Accounting Fees. \$ Engineering Fees. \$ Sales Commissions (specify finders' fees separately) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Total	N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	N/A
in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Accounting Fees. Engineering Fees. Sales Commissions (specify finders' fees separately) Engineering Fees subject to future contingencies. If the amount of an expenditure is not known, furnish an extimate and check the box to the left of the estimate. Specifically a subject to future contingencies. If the amount of an expenditure is not known, furnish an extimate and check the box to the left of the estimate. Specifically a subject to future contingencies. If the amount of an expenditure is not known, furnish an extimate and check the box to the left of the estimate. Specifically a subject to future contingencies. If the amount of an expenditure is not known, furnish an extimate and check the box to the left of the estimate. Specifically a subject to future contingencies. If the amount of an expenditure is not known, furnish an extimate and check the box to the left of the estimate. Specifically a subject to future contingencies. If the amount of an expenditure is not known, furnish an extimate and check the box to the left of the estimate. Specifically a subject to future contingencies. If the amount of an expenditure is not known, furnish and expension is not known, furnish and expension is not known and expension is not kno	<u>N/A</u>
Legal Fees	<u> </u>
Legal Fees	S
Accounting Fees	<u> </u>
Engineering Fees Sales Commissions (specify finders' fees separately) S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Sales Commissions (specify finders' fees separately)	
-	45,500* ⁽³⁾
Outer Expenses (identity) (includes legal fees and iniscendicutes expenses)	5_50,000*
Total 🗵 🕏	95,500*
Total 🗵 💲	20,000"

18 months at a strike price of Cdn. \$0.75 per common share.

*Cdn\$

⁽³⁾ M Partners Inc. shall receive a commission consisting of 7% in cash and 10% in Broker's Warrants based on the brokered component of the offering, and 2.5% in common shares based on the non-brokered component of the offering. In connection with the first closing, M Partners Inc. received \$45,500 in cash, Broker's Warrants to acquire 130,000 Units, and 51,000 common shares.

Connie	Norman	Secretary	·						
Car-!-	Nauman								
maille 0			1	ype)					
	f Signer (Print or Type)	Title of Sig	ner (Print or T		un				2/00/00
	ew Strategies Incorporated	J. S.	1 //	M	Oh.			1	5/28/06
ignature nformatio	or has duly caused this notice to be signed by the under constitutes an undertaking by the issuer to furnish to the confurnished by the issuer to any non-accredited investor print or Type)	he U.S. Secui	rities and Exch ragraph (b)(2) o	ange C of Rule	Commiss 502.			eques	
	D. T	FEDERAL SIG	NATURE					qeef al	e sandarden († 1865) Sandarden († 1866)
	Total Payments Listed (column totals added)					⊠ \$	4,905,0		
	Column Totals		<u> </u>		\$		_ 🗵	\$	4,905,000*
	Outer (speerry)		<u> </u>		\$			\$_	
	Working capital (4)				3		_ 🗵	⊅_	4,905,000*
	Repayment of indebtedness				\$			\$	4.005.000+
	Acquisition of other businesses (including the value of seconfering that may be used in exchange for the assets or secons issuer pursuant to a merger)	curities of and	ther		\$			\$	
	Construction or lease of plant buildings and facilities				\$			\$	
	Purchase, rental or leasing and installation of machinery a		1		_		_	Ֆ \$	
	Salaries and Fees		i		\$ \$			\$ ¢	
				-	D D	ayments to Officers, irectors & Affiliates	_	r.	Payments to Others
5.	Indicate below the amount of the adjusted gross procesused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in resp	for any purpo The total of the	se is not know payments liste	n, furn ed must	ish an equal				
	the "adjusted gross proceeds to the issuer."	•••••						\$	4,905,000*
	b. Enter the difference between the aggregate offer Question 1 and total expenses furnished in response to	Part C - Que	stion 4.a. This	differe	nce is				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)